

1	Unified Rate Review v4.2																													
2																														
3	Company Legal Name:		CareSource Kentucky Co.					State:		KY																				
4	HIOS Issuer ID:		45636					Market:		Individual																				
5	Effective Date of Rate Change(s):		1/1/2018																											
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2016		to		12/31/2016																							
13			Experience Period		Aggregate Amount		PMPM		% of Prem																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$40,746,704		\$288.90		100.00%																							
15	Incurred Claims in Experience Period		\$32,245,880		228.62		79.14%																							
16	Allowed Claims:		\$44,295,321		314.06		108.71%																							
17	Index Rate of Experience Period				\$313.76																									
18	Experience Period Member Months		141,043																											
19																														
20	Section II: Allowed Claims, PMPM basis																													
21			Experience Period		Projection Period: 1/1/2018		to		12/31/2018		Mid-point to Mid-point, Experience to Projection:		24 months																	
22			on Actual Experience Allowed				Adj't. from Experience to Projection Period				Annualized Trend Factors				Projections, before credibility Adjustment				Credibility Manual											
23	Benefit Category		Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM														
24	Inpatient Hospital		Days	137.82	\$6,492.74	\$74.57	1.000	1.097	1.036	1.006	139.48	\$7,644.59	\$88.86	0.00	\$0.00	\$0.00														
25	Outpatient Hospital		Services	911.59	1,056.62	80.27	1.000	1.097	1.042	1.006	922.56	1,258.52	96.76	0.00	0.00	0.00														
26	Professional		Services	7,305.03	115.44	70.27	1.000	1.097	1.027	1.009	7,437.11	133.57	82.78	0.00	0.00	0.00														
27	Other Medical		Services	333.26	11.29	0.31	1.000	1.097	1.027	1.009	339.28	13.07	0.37	0.00	0.00	0.00														
28	Capitation		Other	0.00	0.00	0.00	0.000	0.000	0.000	0.000	0.00	0.00	0.00	0.00	0.00	0.00														
29	Prescription Drug		Services	5,796.59	183.48	88.63	1.000	1.097	1.065	1.006	5,866.36	228.30	111.61	0.00	0.00	0.00														
30	Total						\$314.06								\$380.37				\$0.00											
31																														
32	Section III: Projected Experience:		Projected Allowed Claims PMPM (w/applied credibility if applicable)											100.00%		0.00%		After Credibility		Projected Period Totals										
33			Paid to Allowed Average Factor in Projection Period															0.695				\$132,367,477								
34			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM															\$264.35				\$91,995,396								
35			Projected Risk Adjustments PMPM															-63.57				(22,122,360)								
36			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM															\$327.92				\$114,117,756								
37			Projected ACA reinsurance recoveries, net of rein prem, PMPM															0.00				0								
38			Projected Incurred Claims															\$327.92				\$114,117,756								
39			Administrative Expense Load															14.62%		61.43		21,378,801								
40			Profit & Risk Load															2.70%		11.35		3,948,205								
41			Taxes & Fees															4.64%		19.50		6,785,064								
42			Single Risk Pool Gross Premium Avg. Rate, PMPM																	\$420.20				\$146,229,826						
43			Index Rate for Projection Period																	\$371.71										
44			% Increase over Experience Period																	45.45%										
45			% Increase, annualized:																	20.60%										
46			Projected Member Months																					348,000						
47																														
48																														
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
50																														

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

CareSource Kentucky Co.
45636
1/1/2018

State: KY
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		CareSource Kentucky Co. Just4Me Gold										
Product ID:		45636										
Metal:		Gold	Gold	Silver	Silver	Bronze	Bronze	Catastrophic	Catastrophic	Catastrophic	Bronze	Silver
AV Metal Value		0.818	0.818	0.711	0.711	0.620	0.620	0.570	0.570	0.570	0.619	0.689
AV Pricing Value		0.010	0.010	0.010	0.010	0.010	0.010	0.599	0.010	0.010	0.777	0.825
Plan Category		Terminated HMO	Terminated HMO	Terminated HMO	Terminated HMO	Terminated HMO	Terminated HMO	Renewing HMO	Terminated HMO	Terminated HMO	New HMO	Renewing HMO
Plan Type:												
Plan Name		CareSource Just4Me Gold	CareSource Just4Me Gold	CareSource Just4Me Silver	CareSource Just4Me Silver	CareSource Just4Me Bronze	CareSource Just4Me Bronze	CareSource Catastrophic	CareSource Just4Me Catastrophic	CareSource Just4Me Catastrophic	CareSource HSA Bronze	CareSource Low Premium Silver
Plan ID (Standard Component ID):		45636KY0010002	45636KY0010003	45636KY0010005	45636KY0010006	45636KY0010008	45636KY0010009	45636KY0010010	45636KY0010011	45636KY0010012	45636KY0010013	45636KY0010014
Exchange Plan?		No	No	No	No	No	No	Yes	No	No	Yes	Yes
Historical Rate Increase - Calendar Year - 2		0.00%										
Historical Rate Increase - Calendar Year - 1		10.00%										
Historical Rate Increase - Calendar Year 0		29.33%										
Effective Date of Proposed Rates		1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.99%	0.00%	0.00%	0.00%	21.92%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.99%	0.00%	0.00%	0.00%	21.92%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	85.34%	-100.00%	-100.00%	0.00%	0.00%
Product Rate Increase %		17.99%										

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	45636KY0010002	45636KY0010003	45636KY0010005	45636KY0010006	45636KY0010008	45636KY0010009	45636KY0010010	45636KY0010011	45636KY0010012	45636KY0010013	45636KY0010014
Inpatient	-\$0.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.17	\$0.00	\$0.00	\$0.00	\$4.34
Outpatient	\$3.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.72	\$0.00	\$0.00	\$0.00	\$14.93
Professional	\$3.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.82	\$0.00	\$0.00	\$0.00	\$12.60
Prescription Drug	\$4.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.63	\$0.00	\$0.00	\$0.00	\$17.28
Other	-\$1.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$1.59	\$0.00	\$0.00	\$0.00	-\$3.64
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$9.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.13	\$0.00	\$0.00	\$0.00	\$25.89
Taxes & Fees	-\$5.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$3.36	\$0.00	\$0.00	\$0.00	-\$4.86
Risk & Profit Charge	\$1.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.74	\$0.00	\$0.00	\$0.00	\$4.20
Total Rate Increase	\$14.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.26	\$0.00	\$0.00	\$0.00	\$70.74
Member Cost Share Increase	\$2.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.20	\$0.00	\$0.00	\$0.00	\$14.14

Average Current Rate PMPM	\$251.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.39	\$0.00	\$0.00	\$0.00	\$322.70
Projected Member Months	348,000	0	0	0	0	0	0	4,681	0	0	7,658	85,502

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	45636KY0010002	45636KY0010003	45636KY0010005	45636KY0010006	45636KY0010008	45636KY0010009	45636KY0010010	45636KY0010011	45636KY0010012	45636KY0010013	45636KY0010014
Premium Information	Plan Adjusted Index Rate	\$263.87	\$335.62	\$363.22	\$271.18	\$293.47	\$221.11	\$239.29	\$153.54	\$164.64	\$178.16	\$0.00	\$0.00
	Member Months	141,043	3,032	2,040	15,127	14,529	8,481	6,199	1,037	747	326	0	0
	Total Premium (TP)	\$40,746,704	\$1,090,232	\$804,633	\$4,633,404	\$4,867,231	\$1,985,897	\$1,536,852	\$97,450	\$76,074	\$36,279	\$0	\$0
	EHB Percent of TP, [see instructions]	99.84%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.06%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.94%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	\$35,486,329	\$731,428	\$775,125	\$4,382,399	\$5,408,917	\$597,809	\$1,298,525	\$6,240	-\$5,968	-\$5,234	\$0	\$0
	EHB Percent of TAC, [see instructions]	99.88%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.60%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.40%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	\$4,533,792	\$30,607	\$34,062	\$777,469	\$820,528	\$19,075	\$73,035	-\$12,437	-\$13,831	-\$6,155	\$0	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$1,426,734							\$0			\$0	\$0
	Portion of above payable by HHS on behalf of insured person, as %	31.47%							0.00%				
	Total Incurred claims, payable with issuer funds	\$30,952,537	\$700,821	\$741,063	\$3,604,930	\$4,588,389	\$578,734	\$1,225,490	\$18,678	\$7,862	\$921	\$0	\$0
	Net Amt of Rein	\$975,995.95	\$20,982.31	\$14,118.79	\$104,676.30	\$100,535.08	\$58,686.26	\$42,898.74	\$7,178.15	\$5,167.49	\$2,256.37	\$0.00	\$0.00
	Net Amt of Risk Adj	-\$8,829,561.05	-\$189,821.05	-\$127,728.74	-\$946,977.10	-\$909,512.61	-\$530,918.12	-\$388,092.85	-\$64,938.72	-\$46,748.80	-\$20,412.72	\$0.00	\$0.00
	Incurred Claims PMPM	\$219.45	\$231.14	\$363.27	\$238.31	\$315.81	\$68.24	\$197.69	\$18.01	\$10.53	\$2.83	\$0.00	\$0.00
	Allowed Claims PMPM	\$251.60	\$241.24	\$379.96	\$289.71	\$372.28	\$70.49	\$209.47	\$6.02	-\$7.99	-\$16.05	\$0.00	\$0.00
	EHB portion of Allowed Claims, PMPM	\$251.29	\$241.24	\$379.96	\$289.71	\$372.28	\$70.49	\$209.47	\$5.87	-\$7.99	-\$16.05	\$0.00	\$0.00

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	45636KY0010002	45636KY0010003	45636KY0010005	45636KY0010006	45636KY0010008	45636KY0010009	45636KY0010010	45636KY0010011	45636KY0010012	45636KY0010013	45636KY0010014
Premium Information	Plan Adjusted Index Rate	\$420.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$284.57	\$0.00	\$0.00	\$369.14	\$391.77
	Member Months	348,000	-	-	-	-	-	-	4,681	-	-	7,658	85,502
	Total Premium (TP)	\$146,343,387	\$0	\$0	\$0	\$0	\$0	\$0	\$775,399	\$0	\$0	\$2,838,908	\$33,639,512
	EHB Percent of TP, [see instructions]	97.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.43%	100.00%	100.00%	99.28%	99.32%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	2.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.57%	0.00%	0.00%	0.72%	0.68%

Claims Information	Total Allowed Claims (TAC)	\$109,490,284	\$0	\$0	\$0	\$0	\$0	\$0	\$592,263	\$0	\$0	\$2,370,105	\$25,893,603
	EHB Percent of TAC, [see instructions]	97.66%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.00%	100.00%	100.00%	99.54%	99.54%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.00%	0.00%	0.00%	0.46%	0.46%
	Allowed Claims which are not the issuer's obligation	\$18,022,571	\$0	\$0	\$0	\$0	\$0	\$0	\$87,664	\$0	\$0	\$591,499	\$4,818,147
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$10,913,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,943	\$3,687,727
	Portion of above payable by HHS on behalf of insured person, as %	60.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.03%	76.54%
	Total Incurred claims, payable with issuer funds	\$91,467,713	\$0	\$0	\$0	\$0	\$0	\$0	\$504,600	\$0	\$0	\$1,778,606	\$21,075,456
	Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Amt of Risk Adj	-\$22,122,732	\$0	\$0	\$0	\$0	\$0	\$0	-\$201,466	\$0	\$0	-\$427,539	-\$5,065,731
	Incurred Claims PMPM	\$262.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$107.80	\$0.00	\$0.00	\$232.25	\$246.49
	Allowed Claims PMPM	\$314.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.53	\$0.00	\$0.00	\$309.49	\$302.84
	EHB portion of Allowed Claims, PMPM	\$307.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.26	\$0.00	\$0.00	\$308.07	\$301.45



ource											CareSource Dental and Vision		
KY001											45636KY002		
Gold	Gold	Bronze	Silver	Silver	Bronze	Bronze	Catastrophic	Catastrophic	Gold	Silver	Silver	Gold	Silver
0.818	0.818	0.619	0.711	0.711	0.620	0.620	0.570	0.570	0.796	0.719	0.689	0.796	0.719
0.010	0.010	0.718	0.010	0.010	0.010	0.010	0.010	0.010	1.137	0.864	0.883	1.196	0.923
Terminated HMO	Terminated HMO	Renewing HMO	Terminated HMO	Terminated HMO	Terminated HMO	Terminated HMO	Terminated HMO	Terminated HMO	Renewing HMO	Renewing HMO	New HMO	Renewing HMO	Renewing HMO
CareSource Just4Me Gold	CareSource Just4Me Gold	CareSource Bronze	CareSource Just4Me Silver	CareSource Just4Me Silver	CareSource Just4Me Bronze	CareSource Just4Me Bronze	CareSource Just4Me Catastrophic	CareSource Just4Me Catastrophic	CareSource Gold	CareSource Silver	CareSource Low Premium Silver Dental and Vision	CareSource Gold Dental and Vision	CareSource Silver Dental and Vision
45636KY0010015	45636KY0010016	45636KY0010017	45636KY0010019	45636KY0010020	45636KY0010023	45636KY0010024	45636KY0010026	45636KY0010027	45636KY0010029	45636KY0010030	45636KY0020014	45636KY0020015	45636KY0020016
No	No	Yes	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes
0%											0.00%		
00%											0.00%		
00%											0.00%		
1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
0.00%	0.00%	6.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.59%	9.13%	0.00%	18.96%	8.74%
0.00%	0.00%	6.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.59%	9.13%	0.00%	18.96%	8.74%
-100.00%	-100.00%	65.45%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	72.64%	62.35%	0.00%	0.00%	0.00%
07%											12.21%		

45636KY0010015	45636KY0010016	45636KY0010017	45636KY0010019	45636KY0010020	45636KY0010023	45636KY0010024	45636KY0010026	45636KY0010027	45636KY0010029	45636KY0010030	45636KY0020014	45636KY0020015	45636KY0020016
\$0.00	\$0.00	-\$2.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.55	-\$2.02	\$0.00	\$4.40	-\$2.37
\$0.00	\$0.00	\$7.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.30	\$9.74	\$0.00	\$19.86	\$10.12
\$0.00	\$0.00	\$5.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.27	\$8.13	\$0.00	\$16.73	\$8.44
\$0.00	\$0.00	\$8.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.35	\$11.30	\$0.00	\$23.00	\$11.74
\$0.00	\$0.00	-\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$5.12	-\$4.29	\$0.00	-\$5.38	-\$4.56
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$18.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.85	\$23.33	\$0.00	\$36.54	\$24.91
\$0.00	\$0.00	-\$14.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$8.92	-\$15.21	\$0.00	-\$10.03	-\$16.62
\$0.00	\$0.00	\$2.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.59	\$3.52	\$0.00	\$5.83	\$3.72
\$0.00	\$0.00	\$22.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.87	\$34.50	\$0.00	\$90.95	\$35.38
\$0.00	\$0.00	\$5.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.70	\$6.43	\$0.00	\$11.96	\$6.58

\$0.00	\$0.00	\$320.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$453.75	\$377.81	\$0.00	\$479.77	\$405.02
0	0	7,608	0	0	0	0	0	0	16,703	28,110	46,313	9,675	16,008

45636KY0010015	45636KY0010016	45636KY0010017	45636KY0010019	45636KY0010020	45636KY0010023	45636KY0010024	45636KY0010026	45636KY0010027	45636KY0010029	45636KY0010030	45636KY0020014	45636KY0020015	45636KY0020016
\$345.02	\$392.38	\$206.20	\$278.77	\$317.03	\$227.30	\$258.49	\$169.24	\$192.44	\$312.98	\$252.89	\$0.00	\$0.00	\$0.00
4,155	460	14,455	19,705	4,176	4,847	1,682	115	53	5,503	34,374	0	0	0
\$1,638,064	\$204,585	\$3,045,957	\$6,391,207	\$1,577,795	\$1,132,227	\$515,810	\$11,519	\$6,231	\$1,716,813	\$9,378,444	\$0	\$0	\$0
100.00%	100.00%	99.10%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.78%	99.76%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.24%	0.00%	0.00%	0.00%
\$1,256,943	\$61,115	\$1,183,472	\$4,978,447	\$949,017	\$524,618	\$92,531	-\$1,385	-\$2,402	\$2,045,836	\$11,208,895	\$0	\$0	\$0
100.00%	100.00%	99.17%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.77%	99.74%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.26%	0.00%	0.00%	0.00%
\$57,552	\$1,156	\$33,270	\$945,733	\$218,417	\$35,119	-\$24,295	-\$1,050	-\$2,284	\$100,905	\$1,446,916	\$0	\$0	\$0
		\$7,171							\$0	\$1,419,563	\$0	\$0	\$0
		21.55%							0.00%	98.11%			
\$1,199,391	\$59,959	\$1,150,202	\$4,032,714	\$730,600	\$489,499	\$116,826	-\$334	-\$118	\$1,944,931	\$9,761,979	\$0	\$0	\$0

\$28,752.65	\$3,182.76	\$100,027.52	\$136,358.95	\$28,900.30	\$33,542.94	\$11,642.43	\$795.35	\$368.10	\$38,077.06	\$237,848.40	\$0.00	\$0.00	\$0.00
-\$260,117.13	-\$28,793.51	-\$904,920.88	-\$1,233,601.14	-\$261,452.87	-\$303,453.52	-\$105,325.79	-\$7,195.29	-\$3,330.09	-\$344,472.44	-\$2,151,747.68	\$0.00	\$0.00	\$0.00

\$288.66	\$130.34	\$79.57	\$204.65	\$174.95	\$100.99	\$69.46	-\$2.91	-\$2.22	\$353.43	\$283.99	\$0.00	\$0.00	\$0.00
\$302.51	\$132.86	\$81.87	\$252.65	\$227.25	\$108.24	\$55.01	-\$12.04	-\$45.32	\$371.77	\$326.09	\$0.00	\$0.00	\$0.00
\$302.51	\$132.86	\$81.19	\$252.65	\$227.25	\$108.24	\$55.01	-\$12.04	-\$45.32	\$370.91	\$325.24	\$0.00	\$0.00	\$0.00

45636KY0010015	45636KY0010016	45636KY0010017	45636KY0010019	45636KY0010020	45636KY0010023	45636KY0010024	45636KY0010026	45636KY0010027	45636KY0010029	45636KY0010030	45636KY0020014	45636KY0020015	45636KY0020016
\$0.00	\$0.00	\$341.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$540.32	\$410.56	\$419.75	\$568.30	\$438.54
-	-	7,608	-	-	-	-	-	-	16,703	28,110	46,313	9,675	16,008
\$0	\$0	\$2,606,459	\$0	\$0	\$0	\$0	\$0	\$0	\$9,063,342	\$11,589,902	\$19,522,349	\$5,521,647	\$7,049,932
100.00%	100.00%	99.22%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.51%	99.35%	93.42%	95.15%	93.71%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.49%	0.65%	6.58%	4.85%	6.29%

\$0	\$0	\$2,264,266	\$0	\$0	\$0	\$0	\$0	\$0	\$5,820,392	\$8,933,430	\$14,794,782	\$3,531,924	\$5,353,416
100.00%	100.00%	99.52%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.61%	99.56%	94.12%	95.01%	94.38%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.39%	0.44%	5.88%	4.99%	5.62%
\$0	\$0	\$631,490	\$0	\$0	\$0	\$0	\$0	\$0	\$139,650	\$1,671,653	\$2,658,278	\$91,011	\$968,746
\$0	\$0	\$18,032	\$0	\$0	\$0	\$0	\$0	\$0	\$266	\$1,274,900	\$2,088,641	\$163	\$757,548
0.00%	0.00%	2.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	76.27%	78.57%	0.18%	78.20%
\$0	\$0	\$1,632,776	\$0	\$0	\$0	\$0	\$0	\$0	\$5,680,743	\$7,261,777	\$12,136,504	\$3,440,913	\$4,384,669
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	-\$392,533	\$0	\$0	\$0	\$0	\$0	\$0	-\$1,364,882	-\$1,745,332	-\$2,939,873	-\$831,499	-\$1,061,686
\$0.00	\$0.00	\$214.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$340.10	\$258.33	\$262.05	\$355.65	\$273.90
\$0.00	\$0.00	\$297.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$348.46	\$317.80	\$319.45	\$365.06	\$334.42
\$0.00	\$0.00	\$296.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$347.10	\$316.40	\$300.67	\$346.84	\$315.63

	CareSource Federal Simple Choice		urce Federal Simple Choice Dental and	
	45636KY003		45636KY005	
Bronze	Silver	Bronze	Silver	Bronze
0.619	0.710	0.628	0.710	0.628
0.777	0.910	0.833	0.968	0.892
Renewing	Renewing	Renewing	New	New
HMO	HMO	HMO	HMO	HMO
CareSource	CareSource	CareSource	Federal Simple	Federal Simple
Bronze Dental and Vision	Federal Simple Choice Silver	Federal Simple Choice Bronze	Choice Silver Dental and Vision	Choice Bronze Dental and Vision
45636KY0020017	45636KY0030004	45636KY0030005	45636KY0050004	45636KY0050005
Yes	Yes	Yes	Yes	Yes
	0.00%		0.00%	
	0.00%		0.00%	
	0.00%		0.00%	
1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
6.50%	23.10%	32.29%	0.00%	0.00%
6.50%	23.10%	32.29%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%
	26.42%		0.00%	

45636KY0020017	45636KY0030004	45636KY0030005	45636KY0050004	45636KY0050005
-\$3.18	\$5.34	\$8.62	\$0.00	\$0.00
\$7.44	\$16.97	\$18.89	\$0.00	\$0.00
\$6.18	\$14.32	\$15.99	\$0.00	\$0.00
\$8.64	\$19.63	\$21.85	\$0.00	\$0.00
-\$3.92	-\$3.97	-\$3.37	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$20.31	\$28.89	\$28.60	\$0.00	\$0.00
-\$15.81	-\$4.46	\$1.62	\$0.00	\$0.00
\$2.98	\$4.70	\$4.81	\$0.00	\$0.00
\$22.64	\$81.42	\$97.01	\$0.00	\$0.00
\$5.77	\$15.15	\$23.07	\$0.00	\$0.00

\$348.07	\$352.48	\$300.42	\$0.00	\$0.00
4,432	46,743	31,075	26,170	17,322

45636KY0020017	45636KY0030004	45636KY0030005	45636KY0050004	45636KY0050005
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	0	0	0	0
\$0	\$0	\$0	\$0	\$0
100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%
\$0	\$0	\$0	\$0	\$0
100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

45636KY0020017	45636KY0030004	45636KY0030005	45636KY0050004	45636KY0050005
\$369.12	\$432.07	\$395.74	\$460.04	\$423.72
4,432	46,743	31,075	26,170	17,322
\$1,642,897	\$20,281,849	\$12,349,914	\$12,090,451	\$7,370,825
92.51%	99.38%	99.33%	94.00%	93.48%
0.00%	0.00%	0.00%	0.00%	0.00%
7.49%	0.62%	0.67%	6.00%	6.52%

\$1,392,393	\$14,641,585	\$9,619,958	\$8,632,171	\$5,649,997
93.92%	99.56%	99.55%	94.36%	94.23%
0.00%	0.00%	0.00%	0.00%	0.00%
6.08%	0.44%	0.45%	5.64%	5.77%
\$372,452	\$1,932,870	\$1,882,236	\$1,109,558	\$1,067,318
\$10,914	\$1,860,317	\$65,878	\$1,093,050	\$38,330
2.93%	96.25%	3.50%	98.51%	3.59%
\$1,019,941	\$12,708,714	\$7,737,722	\$7,522,613	\$4,582,678

\$0	\$0	\$0	\$0	\$0
-\$247,383	-\$3,054,266	-\$1,859,812	-\$1,820,747	-\$1,109,982

\$230.13	\$271.88	\$249.00	\$287.45	\$264.56
\$314.17	\$313.24	\$309.57	\$329.85	\$326.17
\$295.07	\$311.86	\$308.18	\$311.25	\$307.35